

(15.5% approvals) and highest in 2006 (39.5%) but there was no clear trend over time. Ophthalmology MDs (6 MDs with 7 approvals) primarily focused on symptoms, vision-related functioning and satisfaction. Only two used validated PRO-instruments. In the EU, PRO endpoints were used in clinical trials for three of the six ophthalmology MDs, and included symptoms, functioning and health-related-quality-of-life. **CONCLUSIONS:** Discrepancies in the transparency of the US/EU MD-approval process render comparative research impossible. However, PROs do not appear to be widely used in the assessment of MDs, particularly in the EU. This is a missed opportunity to capture the patient-perspective on efficacy and acceptability of MDs.

PHP2

EVALUATION AND COMPARISON OF PHARMACOVIGILANCE SYSTEMS IN 70 DIFFERENT COUNTRIES FOR CONSUMER REPORTING OF ADVERSE DRUG REACTIONS

Abdul Razack HI¹, Sree V²

¹Accutance Services Ltd., Bangalore, Bangalore, India, ²Chalapathi Institute of Pharmaceutical Sciences, Guntur, Andhra Pradesh, India

Traditionally, the reporting of adverse drug reactions (ADRs) by health care professionals is recognized well. In the recent decades, the significance of consumer reporting of ADRs have been give due attention in the developed nations. There are documented reasons on the failure of health care professionals in reporting ADRs communicated by the patients. **OBJECTIVES:** The present study aimed to evaluate and compare the Pharmacovigilance systems in 70 different countries with regards to consumer reporting of ADRs. **METHODS:** The official websites of regulatory/ medicines agencies or National Pharmacovigilance Centres of selected 70 countries, which joined the World Health Organization's (WHO) International Drug Monitoring Program between 1968 and 2010, were evaluated. **RESULTS:** In most of the countries, health care professionals are legally obliged to report ADRs to the respective medicines authorities. Only 17 countries (24.3%) accept ADR reports directly from consumers. Of them, only 4 countries (5.7%) accept consumer reports by phone and 11 countries (15.7%) have a web-based electronic system for consumer reporting. **CONCLUSIONS:** The consumers report relatively untapped suspected reactions for many prescription and non-prescription drugs. Recent literature from these countries strongly stressed the WHO's view in successful use of consumers as one of the valuable source of drug safety data. It is high time that the consumer reporting should be encouraged in all the countries, especially the developing nations, for better drug surveillance. Proper educational interventions are required to the general public towards active involvement in the respective National Pharmacovigilance Programs, which in turn improves the quality use of medicines.

PHP3

INTEGRATION OF EVIDENCE ON PATIENT PREFERENCES IN HEALTH CARE DECISION MAKING: CURRENT STATE OF PLAY

Utens CM¹, van der Weijden TD², Joore MA¹, Dirksen CD¹

¹Clinical and Medical Technology Assessment, Maastricht University Medical Centre; CAPHRI, Maastricht University, Maastricht, The Netherlands, ²CAPHRI, School for Public Health and Primary Care, Maastricht University, Maastricht, The Netherlands

OBJECTIVES: Despite the increasing attention for active patient participation in health care policy decisions, systematic use of the available evidence on collective patient preferences (passive patient participation) is still limited. Objective of this study is 1) explore opinions and ideas regarding the use of evidence on patient preferences in coverage decisions and clinical practice guideline (CPG); 2) describe how and what type of evidence on patient preferences is considered in health care policy decisions in 5 European countries. **METHODS:** A literature search was performed to identify opinion papers on patient preferences in the context of CPG or coverage decisions. A document search was performed on websites and databases of the responsible organisations of the Netherlands, England, Scotland, Germany and France. Furthermore, a few coverage decisions and CPG were checked on the subject. **RESULTS:** The debate on the integration of evidence on patient preferences concerns the definition and terminology of preferences, the question whether patient or public values should be used for policy-making, the different methods, quality and evidence synthesis of research on patient preferences, the relevance of including patient preferences, and the discussion on outcomes beyond the QALY. The procedures for coverage decisions do not mention the search for or use of evidence on patient preferences, nor was information found in the coverage decisions. Only in the Scottish CPG procedure a literature search on patient evidence (not necessarily patient preferences) is obligatory prior to the first meeting. In the Netherlands this is optional. Only the selected CPG from Netherlands, England and Scotland mention the use of information on patient preferences in different conceptualisations. **CONCLUSIONS:** In coverage decisions evidence on patient preferences has no formal role yet. In CPG this role is limited. Several issues and possible barriers are under debate regarding the integration of evidence on patient preferences in health care policy decision-making.

PHP4

FINANCIAL PENALTIES FOR IMPROVING DRUG ADHERENCE

Rottenkolber D

Ludwig-Maximilians-Universität München, Munich, Germany

OBJECTIVES: Drug non-adherence is associated with significant negative economic and public health burdens. The objective is to contribute to the literature on negative monetary incentives (i.e., penalties) by developing a discourse for an innovative approach that could be validated in further experimental studies. **METHODS:** A comprehensive database search (PubMed, EconLit) was conducted on economic incentive programs to enhance adherence in drug therapy. Criteria for evaluation of the retrieved economic studies have been taken from the literature. **RESULTS:**

Little evidence explicitly dealing with economic incentives in the form of monetary sanctions in order to improve adherence or compliance was retrieved from the literature search. Ethics legitimate incentive-based health care designs including penalties if elements such as the standard of knowledge, social awareness, and individual responsibility are well addressed and outweigh any profit orientation. Transaction costs remain the main barrier in both institutional implementation and practical enforcement of contractual monitoring and settlement of penalties. Hence, a multifaceted approach would be necessary to present a sustainable concept fulfilling the aspects of equal access to health care, social equity, and economic viability. **CONCLUSIONS:** Financial penalties for drug non-adherence are still a long way off as the concept lacks a simple solution. This paper contributes to the widespread discussion by concentrating and aggregating widely scattered figures of dispute within a coherent argumentative discourse drawing on insights from the field of health economics.

PHP5

USE OF HEALTH SERVICES AND MEDICINES AMONG STUDENTS IN SERBIA

Višnjić A, Jović S, Miošević Z, Stojanović M, Veličković V
University in Nish, Medical Faculty, Niš, Serbia and Montenegro

OBJECTIVES: The first real independence makes student population exposed to various health risks. The aim of this study was to examine the health of students and their using of health care services and medicines. **METHODS:** The cross-sectional study was carried out at the three State Universities from February to May in the academic year 2011/2012. and included 2285 students of both sexes. The students filled in a questionnaire consisting of 30 questions referring to socio-economic characteristics, life-style habits, health assessment, as well as some health problems and use of health services. **RESULTS:** Half of all students reported having a selected physician. Of the total number of students 59.8% of them had been to the doctor and 63.8% of students used the services of a dentist at least once in the year preceding the survey. As the most common reasons for visiting general practitioners, students cited the control of health and medical examinations (40.4%), the existence of an illness or injury (32.1%), as well as instructions for obtaining a specialist (11.7%). The average number of physician visit per student was 1.89 (SD 2.81) and the number of actual dental visit per student was 2.33 (SD 3.93). Of the total number 77.2% of students had never been hospitalized. Most students taking the medication on the advice of doctors (49.1%). Medication is not used at all for 24.2% of students. Cochran's Q test showed a statistically significant difference between groups of drugs which the students took on their own initiative, where the first stand pain medication, and then the drugs to strengthen the body ($p < 0.001$). **CONCLUSIONS:** Universities should be encouraged to provide efficient, affordable counseling services for their students. Students must be encouraged to become actively involved in health promotion.

PHP6

COMPARING THE EFFECTIVENESS OF DIFFERENT EDUCATIONAL PROGRAMS FOR CHILDREN ON APPROPRIATE ANTIBIOTIC USE

Soleymani F¹, Mohamadhosseini N²

¹Tehran University of Medical Sciences, Tehran, Iran, ²Ministry of Health, Tehran, Iran

OBJECTIVES: The use of antibiotics is found to be irrational by patients as well as prescribers and lack of knowledge and information about the adverse effects and the increasing prevalence of resistant organisms are some of the important factors which caused it. So national education programs about the dangers of irrational antibiotic use should be the priority. Affecting on these ideas in adults takes too much time and money, but education is more effective in children and its effect on a child becomes fixed in their beliefs. This study aimed to assess and compare the effectiveness of wallpaper news and story book designed to teach children about the benefits of appropriate use of antibiotics. **METHODS:** The children story book and wallpaper news which have been designed and published by National Committee on Rational Use of Drug (NCRUD) were delivered to 18 primary school (9 for girls and 9 for boys) that volunteered to participate in the study in Tehran. All student of third, fourth and fifth grade have been educated by their trained teachers. The evaluation of children's Knowledge has been done on all of students before and after intervention. **RESULTS:** The research results found that there was significant difference between the student knowledge before and after both interventions in girls' and boys' primary schools. ($p < 0.0001$) and the effectiveness of wall news paper is more than story book in girls' primary school. ($p < 0.006$). **CONCLUSIONS:** We conclude that children stories have good impression on the level of student's knowledge and it seems that teaching the students about the advantages of appropriate antibiotic use by using children stories can influence their knowledge significantly and its good way to increase their level of knowledge and positive behavior in future life.

HEALTH CARE USE & POLICY STUDIES - Diagnosis Related Group

PHP7

HOW DO REIMBURSEMENT SYSTEMS ENCOURAGE OR INHIBIT ADOPTION OF INNOVATIVE MEDICAL DEVICES IN AN AMBULATORY SETTING?

Wilkinson G¹, Drummond M²

¹London School of Economics and Political Science, London, UK, ²University of York, Heslington, York, UK

OBJECTIVES: To consider how reimbursement systems in 5 EU countries encourage or inhibit adoption of medical device technologies that facilitate care in an ambulatory setting. **METHODS:** A literature review of payment systems for medical devices operating in England, Germany, Italy, France and Spain was undertaken. Examples of technologies that could be used in an out-patient setting, but which were predominantly being used in hospital were identified. Uterine balloon endo-